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7590

09/06/2007

HOLLINGSWORTH & FUNK, LLC
Suite 125
8009 34th Avenue South
Minneapolis, MN 55425

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11/08/2007 WASFAW2 00000030 503581 09503362

01 FC:1501 1440.00 DA
02 FC:1504 300.00 DA

Rennae Johnson	(Depositor's name)
<i>Rennae Johnson</i>	(Signature)
11/05/07	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/503,362	02/14/2000	Pekka J. Heinonen	NKM.161.A1	6491

TITLE OF INVENTION: WIRELESS APPLICATION PROTOCOL TELEVISION

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$0	\$0	\$1400	12/06/2007

EXAMINER	ART UNIT	CLASS-SUBCLASS
SENFI, BEHROOZ M	2621	348-230000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).
☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Nokia Corporation

Espoo, Finland

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

- ☒ Issue Fee
☒ Publication Fee (No small entity discount permitted)
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- ☐ A check is enclosed.
☐ Payment by credit card. Form PTO-2038 is attached.
☒ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 50-3581 (NKM) and to a copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Date

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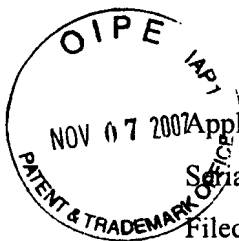
Steven R. Funk

Registration No.

37,830

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: HEINONEN Examiner: Senfi, B.
Serial No.: 09/503,362 Group Art Unit: 2621
Filed: February 14, 2000 Docket No.: NKM.161.A1
Allowed: September 6, 2007 Confirmation No.: 6491
Title: WIRELESS APPLICATION PROTOCOL TELEVISION

CERTIFICATE UNDER 37 CFR 1.8: The undersigned hereby certifies that this communication is being deposited in the United States Postal Service, as first class mail, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on November 5, 2007.

By: 
Rennae Johnson


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Sir:

We are transmitting herewith the attached:

- ☒ Transmittal Sheet
- ☒ Please charge Deposit Account No. 50-3581 (NKM.161.A1) the amount of \$1,440.00.
- ☒ Part B-Issue Fee Transmittal.
- ☒ 1 Return Postcard.
- ☒ If appropriate, charge Deposit Account No. 50-3581 (NKM.161.A1) for any fee deficiency or overage.

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